

JC20 Rec'd PCT/PTO 03 JUN 2005

**APPLICATION DATA SHEET****Application Information**

Application Type::	National Phase
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)::	
Number of copies of CRF::	
Title::	COMBINATION MEDICAMENT
Attorney Docket Number::	26794U
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggest Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed U.S. Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	

**Applicant Information**

Applicant Authority type::	Inventor
Primary Citizenship Country::	DE
Status::	Full Capacity
Given Name::	Klaus
Middle Name::	
Family Name::	DIETZEL
Name Suffix::	
City of Residence::	Konstanz

State or Province of Residence::  
Country of Residence:: DE  
Street of Mailing address:: Thingoltstr. 2e,  
City of mailing address:: Konstanz  
State/Province of mailing address::  
Country of mailing address:: DE  
Postal Code of mailing address:: 78465

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Degenhard  
Middle Name::  
Family Name:: MARX  
Name Suffix::  
City of Residence:: Moos  
State or Province of Residence::  
Country of Residence:: DE  
Street of Mailing address:: Obere Reute 15,  
City of mailing address:: Moos  
State/Province of mailing address::  
Country of mailing address:: DE  
Postal Code of mailing address:: 78345

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Helgert  
Middle Name::  
Family Name:: MÜLLER  
Name Suffix::  
City of Residence:: Radolfzell  
State/Province of Residence::  
Country of Residence:: DE

Street of Mailing address:: Zum Lerchental 1a,  
City of mailing address:: Radolfzell  
State/Province of mailing address::  
Country of mailing address:: DE  
Postal Code of mailing address:: 78315

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Christian  
Middle Name::  
Family Name:: WEIMAR  
Name Suffix::  
City of Residence:: Konstanz  
State or Province of Residence::  
Country of Residence:: DE  
Street of Mailing address:: Eichhornstr. 51,  
City of mailing address:: Konstanz  
State/Province of mailing address::  
Country of mailing address:: DE  
Postal Code of mailing address:: 78464

**Correspondence Information**

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E-Mail address:: ip@nathlaw.com

**Representative Information**

<b>Representative Customer Number::</b>	034375
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**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>

**Foreign Priority Information**

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
EP	02027797.6	12 December 2002 (12.12.2002)	Yes
DE	103 06 213.0	13 February 2003 (13.02.2003)	Yes

**Assignee Information**

Assignee name::	Altana Pharma AG
Street of mailing address::	Byk-Gulden-Str. 2
City of mailing address::	Konstanz
State/Province of mailing address::	
Country of mailing address::	DE
Postal Code of mailing address::	78467